

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12TH, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics****FORM-GB**

Gift or Bequest information received
by a department or accepted by the
Governor on behalf of the state

For office use only

Indexed _____
Audited _____
Checked _____
Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS Glenwood Resource Center	
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address 712-525-1251	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name _____	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Corps of Engineers %Kevin Stamm	
Name	
1616 Capital Ave, Ste 365	Omaha, NE 68102
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/09/2011	<i>Approx</i>	\$1,600.00
Date of Gift or Bequest	Amount/Value*	
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".		

Provide a description of the gift or bequest and purpose thereof:

Schwin 3 wheel bike, Trek 3 wheel bike, 2 helmets, asst. bike accessories, tire pump, Combo Bumper Pool/Game table, assorted games: ladder ball, sky dart toss, horse shoe.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Ruth Messinger
Signature

12/21/2011

Date

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**STATE TRAINING SCHOOL**

Name of Department or Office
 3211 EDGINGTON AVENUE

ELDORA, IA 50627

Mailing Address
 641-335-5402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedorn

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

khagedo@dhs.state.ia.us

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

American Legion Auxiliary, Unit 363, c/o Karen Johnson

Name

P.O. Box 695

Monroe, IA 50170

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/22/11

\$75.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Christmas gifts for students

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedorn affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedorn
 Signature

Dec. 28, 2011

Date

Revised 06/08

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**STATE TRAINING SCHOOL**

Name of Department or Office
 3211 EDGINGTON AVENUE

ELDORA, IA 50627

Mailing Address
 641-538-5402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedorn

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

khagedo@abs.state.ia.us

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

American Legion Auxiliary

Name

716 4th Street

Council Bluffs IA 51501

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/26/11

\$245.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Christmas gifts for students

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedorn affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedorn
 Signature

Dec. 28, 2011

Date

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
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Reset form

FORM-GB

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

STATE TRAINING SCHOOL

Name of Department or Office
 3211 EDGINGTON AVENUE

ELDORA, IA 50627

Mailing Address
 641-858-1482

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedorn

Name

Mailing Address (If different from above)

City, State, Zip (If different from above)

khagedo@olsa.state.ia.us

Email Address

Area Code & Telephone Number (If different from above)

DONOR OF GIFT OR BEQUEST:

Wal Mart (c/o Joyce Christensen)

Name

840 South Oak Street

Iowa Falls IA 50126

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/15/11

\$ 100.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Wal Mart gift card to be used to purchase items for students

Criteria to use this form:

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Statement of Affirmation:

I, Kristin Hagedorn affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedorn
 Signature

Dec. 28, 2011

Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS Glenwood Resource Center	
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address 712-525-1683	City, State, Zip Code
Area Code & Telephone No.	

IOWA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2012 JAN - 5 AM 9:28

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name _____	
Mailing Address (if different from above) _____	City, State, Zip (if different from above) _____
Email Address _____	Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT OR BEQUEST:

Attorney General's Office	
Name _____	
Hoover State Off. Bldg, 2nd Floor	Des Moines, IA 50319
Mailing Address _____	City, State, Zip Code _____
Area Code & Telephone Number _____	
Email Address (optional) _____	

12/20/2011	\$ 35.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

Cash donation toward Christmas activities for Clients residing at GRC.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Ruth Messinger
Signature

1/03/2012

Date

Revised 06/08

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Reset Form

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**Mt. Pleasant Mental Health Institute**Name of Department or Office
1200 E. Washington St.

Mt. Pleasant IA 52641

Mailing Address
319-385-9511

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ron Mullen, Superintendent

Name

Same

Same

Mailing Address (if different from above)

City, State, Zip (if different from above)

Ron.Mullen@iowa.gov

Same

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Name

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

December 2011

\$1,708.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

For patient/client use.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

Total Amount: \$ 1,708.00

INDEPENDENCE MENTAL HEALTH INSTITUTE
NON-PROFIT REPORT
DECEMBER 2011
FY 12

2012 JAN
AMIC

DATE	REF #	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNING BALANCE	\$21,004.39	
12/01/11	8056	UPF	ROSE GROVER	CHRISTMAS	\$25.00	\$0.00
12/01/11	8057	UPF	LINDA EVERS	CHRISTMAS	\$25.00	\$0.00
12/01/11	8058	UPF	SHERRY ZIESER	CHRISTMAS	\$25.00	\$0.00
12/01/11	8059	ADOL	SHIRLEY COCKING	CHRISTMAS	\$25.00	\$0.00
12/01/11	8060	UPF	DAVID COLLINS	CHRISTMAS	\$50.00	\$0.00
12/05/11	8061	UPF	DAVE & JOAN LYNCH	CHRISTMAS	\$15.00	\$0.00
12/05/11	8062	ADOL	DAVE & JOAN LYNCH	CHRISTMAS	\$15.00	\$0.00
12/05/11	8063	UPF	MICHELLE FICKEN	CHRISTMAS	\$25.00	\$0.00
12/05/11	101823	SPV	CAPITOL VENDING	SOCIAL PARTY	\$0.00	\$35.00
12/06/11	8064	UPF	EVEN DOZEN STUDY CLUB, INDEPENDENCE	CHRISTMAS	\$20.00	\$0.00
12/06/11	101824	UPF	CAPITOL VENDING	ACTIVITIES	\$0.00	\$52.85
12/06/11	101825	COLUG	CAMERON FARMS	PUMPKIN PATCH	\$0.00	\$70.00
12/06/11	101826	WSF	FRANK W. FLEMING	CONFERENCE	\$0.00	\$567.32
12/06/11	8066	UPF	GARY SADLER	CHRISTMAS	\$20.00	\$0.00
12/06/11	8067	ADOL	GARY SADLER	CHRISTMAS	\$20.00	\$0.00
12/12/11	8068	UPF	JOANNE & DICK FRANCK	CHRISTMAS	\$30.00	\$0.00
12/13/11	101827	UPF	CAPITOL VENDING	CANTEEN BOOK	\$0.00	\$10.00
12/14/11	8069	SPV	D.A.V.A., SIOUX CITY	PATIENT'S PARTIES	\$30.00	\$0.00
12/14/11	8070	UPF	D.A.V.A., SIOUX CITY	CHRISTMAS	\$275.00	\$0.00
12/14/11	8071	SPV	D.A.V.A., SIOUX CITY	CHRISTMAS	\$200.00	\$0.00
12/15/11	8072	SPV	AMERICAN LEG. AUX., ST. ANSGAR	CHRISTMAS	\$30.00	\$0.00
12/15/11	101828	SPV	NEJEWISH.BIBBS	SOCIAL PARTY	\$0.00	\$20.00
12/15/11	101829	UPF	MICHELLE LUDWIG	HAIRCUTS	\$0.00	\$128.00
12/16/11	101830	UPF	CAPITOL VENDING	BIRTHDAY PARTY	\$0.00	\$21.00
12/16/11	8073	CAPS	BARB ROBERSON	CHRISTMAS	\$50.00	\$0.00
12/16/11	8073	PMIC	BARB ROBERSON	CHRISTMAS	\$50.00	\$0.00
12/20/11	8074	CAPS	KRIS HAMILTON	CHRISTMAS	\$40.00	\$0.00
12/20/11	8075	CAPS	GRACE LUTHERAN CHURCH, JESUP	GAMES FOR CHILDREN	\$101.67	\$0.00
12/20/11	8076	CAPS	PHYLLIS BROWN	CHRISTMAS	\$50.00	\$0.00
12/21/11	8077	UPF	CATHOLIC DAUGHTERS, JESUP	CANTEEN BOOKS	\$75.00	\$0.00
12/21/11	8079	WW	MELANIE SCHROEDER	CHRISTMAS	\$28.00	\$0.00
12/21/11	101831	UPF	CAPITOL VENDING	CANTEEN BOOK	\$0.00	\$10.00
12/22/11	101832	WW	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$28.00
12/23/11	8081	WWPM	CATHOLIC DAUGHTERS, INDEPENDENCE	PATIENT'S USE	\$104.00	\$0.00
12/23/11	8082	ADOL	CATHOLIC DAUGHTERS, INDEPENDENCE	PATIENT'S USE	\$82.00	\$0.00
12/23/11	8083	CCUS	CATHOLIC DAUGHTERS, INDEPENDENCE	PATIENT'S USE	\$52.00	\$0.00
12/23/11	8084	PMIC	CATHOLIC DAUGHTERS, INDEPENDENCE	PATIENT'S USE	\$104.00	\$0.00
12/28/11	8085	SPV	M.O.C.A., WATERLOO	BINGO PARTIES	\$50.00	\$0.00
12/29/11	101833	SPV	WAL-MART COMMUNITY	CHRISTMAS	\$0.00	\$804.58
12/29/11	101834	UPF	WAL-MART COMMUNITY	CHRISTMAS	\$0.00	\$862.59
					\$1,584.67	\$2,407.12
TOTAL						\$20,181.94

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health Institute

Region _____ County Buchanan

December 2011
Month/Year

Name of person completing report Linda Evers Title Accounting Clerk II

	CONTRIBUTOR (Name & Address if Available)	Contribution	\$ Value	Check type		Purpose – If Specified
				Cash	In-Kind	
	See itemized sheet for Cash listings.					

Total value of this page: \$ 1584.67

Total value of pages 1 thru 2: \$ 1584.67

Monthly Volunteer Report for:

For month of :

Independence Mental Health Institute, Independence, Iowa 50644

December

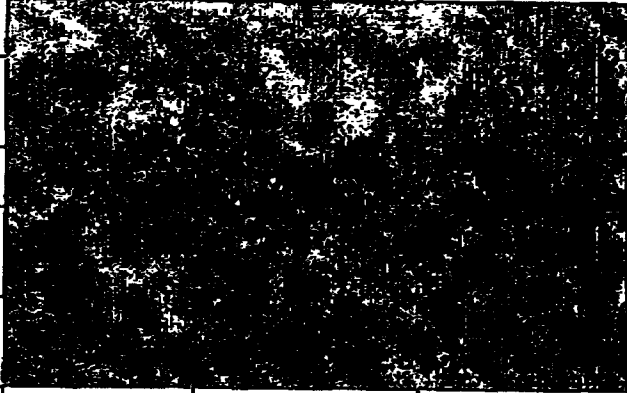
use this from for monthly reporting

submit report monthly (by end of following month)

to Iowa Ethics and Campaign Disclosure Board

Fax number 515-281-4073

	2011
1. # of Individuals registered as DHS Volunteers	69
2. # of Groups registered as DHS Volunteer Groups	7

	3. Total # Volunteers Active This Month	4. Total # Hours Active This Month	5. Cumulative Hours to Date	6. # Clients Served – Adults 18 to 59	7. # Clients Served – Adults 60 or older	8. # Clients Served – Children 0 to 17*
a. Individual Volunteers - providing direct Service to clients/residents	2	10	25			
b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc.	0	0	109			
c. Individuals in Groups Direct Service to clients/residents	0	0	0			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	1	3	31			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	13	42	293			
TOTAL	16	55	458	43	3	37

* new federal reporting requirement

Report completed by: Diane Wessels

Created 1/11/2012